

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

OCT 25 2017

I. Name of Lob	byist(s) _	eorge	W.	Rous	sos a	and	Lind	say	E.	Nad	eau			IPSHIRE T OF STATE
II. Name of lob	byist's pa	rtnership	, firm	or corp	oration	ı, if an	ıy:					טברי	ALT INICH	TOTOTALE
Orr & Re	eno, P	.A.												
	(Name of	partnershi	p, firm	or corpo	ration)	-								
45 S. Ma	in St.	PO :	Вох	3550	Cor	ncor	d		NI	I		03	302	
Business Address	: (Street)		•	(Town/Ci	ity)			(St	ate)		(Z	ip Code)	
(603) 224-2 (Telep			_ (6	603)_2	24-2	318 (Fax)		e-1	nail _	lna	deau@	orr-	reno.	com
III. This staten reportable exp										OR yo	u may fil	le a sep	arate re _l	port for
All reportab	le transact	ions occui	ring i	n the mo	nths pri	ior to t	he repor	rting d	ate re	lative	to the fol	lowing	client:	
America												•		
ΩP	(Fı	ıll Name o	f Clien	t as it app	ears on	the Lob	bbyist Re	egistrati	ion Fo	rm)				
OR ☐ All reportabl unrelated to any			lobby	yist (incl	uding th	he lobt	byist's f	amily)	, or th	ne lobb	ying firn	n listed	below w	hich are
IV. Date of Rep Reports cover:		pril 26, 20 om date oj			3/31/17		activit	July 2		17 [7 to 6/3				
		ctober 25 vity from 7	-				activi		-	, 2018 <i>(17 to 1</i>	□ 2/31/17			
V. There have If this box is che Concord, NH 0.	ecked, com	fees rec plete just	eived this fo	and no	repor submit i	table it to the	transa e Secret	ctions ary of	s mac State	de sin 's Offi	ce the la ce, State	ast rep House,	ort. [Room 20	-
VI. Check if ad	lditional r	enorts ar	e atta	ched:										
If you have		-			s, you r	nust fi	le Adde	endum	A – F	ees ar	nd Expen	ses		
☐ If you have Expense Reimb	-	norarium	or rei	mbursed	expens	ses, you	u must f	file Ad	dend	um B	- Report	of Hon	orariums	or
☐ If you, you	r firm, or y	our family	/ has r	nade pol	litical co	ontribu	ıtions, y	ou mu	st file	Adde	endum C	– Politi	ical Conti	ributions
Sworn Stateme I have read RSA and complete to	15, RSA	15-B, RS.	A 14-0	C and RS	SA 664 ief.	and he	ereby sw	vear or	affiri	m that	the foreg	oing in	formatio	n is true
SWIA	OLIN	M						10)/25	5/17	(Date)			
(Signature of 18	obbyist)										(Date)			
Lindsay 1 (Print Name of		eau			_									

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) George W. Roussos and Lindsay E. Nadeau								
II. Name of lobbyist's partnership, firm or corporation, if any:								
Orr & Reno, P.A.								
(Name of partnership, firm or corporation)								
III. Name of Client American Insurance Association	Date	10/25/17						
IV. Fees Received Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobbying, including fees for services such as public advocacy, government relations, or public relations services including research, monitoring legislation, and related legal work. The gross fee amount reported shall not be reduced by any expenses:								
a) Total of all fees received in this reporting period	a) \$	10,000.00						
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar ye		25,000.00						
c) Total of all fees received to date (Add lines a and b)	c) \$	35,000.00						
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0.00						
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.								
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00						
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00						

d) Total expenses for this reporting period	d) \$	0.00
(Add lines a, b and c)		
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	100.00
f) Total of all expenses year to date	f) \$	100.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees d	uring this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
w. w		
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the for	egoing information
(Signature of lobbyist)	10/25	/17
(Signature of lobbyist)	(Da	ate)
Lindsay E. Nadeau		
(Print Name of lobbyist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: Orr & Reno, P.A. Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): American Insurance Association Date of Report (check one): July 26, 2017 □ October 25, 2017 🖾 January 31, 2018 □ April 26, 2017 □ I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): 1 Addendum A(s). Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.

(Print Name of lobbyist)

Lindsay E. Nadeau